

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|--|--|--|--|---|---|--|--|--|--|---|---|---|---|---|---|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) Granite State Solutions | | FEC IDENTIFICATION NUMBER ▼ C C00580381 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------|--|--|-------------|---|----------|---|--|----|---|--|---|---|--|----|--|--|---|---|---|---|---|---|--|--|--|--|--|--|
| Full Name of Payee FP1 Strategies, LLC | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>25</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016 | | | M | M | | 10 | | | D | D | | 25 | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 16504 | | | Amount <table border="1" style="width:100%"> <tr><td colspan="6">15610.00</td></tr> </table> | | | 15610.00 | | | | | | | | | | | | | | | | | | | | | | | |
| 15610.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City Alexandria | State VA | Zip Code 22302 | Transaction ID : SE.4240 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure Media Production | | Category/Type 004 | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>25</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016 | | | M | M | | 10 | | | D | D | | 25 | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Federal Candidate HASSAN, MARGARET WOOD, , , | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="width:100%"> <tr><td colspan="6">13361117.30</td></tr> </table> | | 13361117.30 | | | | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | | | | | | | | | | | | | | | | | | |
| 13361117.30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------|---|--|---|---|---|---|--|--|---|--|---|---|--|--|--|--|---|---|---|---|---|---|--|--|--|--|--|--|
| Full Name of Payee | | | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | Amount <table border="1" style="width:100%"> <tr><td colspan="6"></td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City | State | Zip Code | Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure | | Category/Type | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="width:100%"> <tr><td colspan="6"></td></tr> </table> | | | | | | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | |
|--|---|----------|--|--|--|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <table border="1" style="width:100%"> <tr><td colspan="6">15610.00</td></tr> </table> | 15610.00 | | | | | |
| 15610.00 | | | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <table border="1" style="width:100%"> <tr><td colspan="6"></td></tr> </table> | | | | | | |
| | | | | | | | |
| (c) TOTAL Independent Expenditures.....▶ | <table border="1" style="width:100%"> <tr><td colspan="6">15610.00</td></tr> </table> | 15610.00 | | | | | |
| 15610.00 | | | | | | | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kilgore, Paul, , ,

[Electronically Filed]

Date

| | | |
|----|---|--|
| M | M | |
| 10 | | |

/

| | | |
|----|---|--|
| D | D | |
| 25 | | |

/

| | | | | | |
|---|---|---|---|---|---|
| Y | Y | Y | Y | Y | Y |
| | | | | | |

2016

Signature